Author's response to reviews

Title: A Phase II Study of LFP Therapy (5-FU (5-fluorourasil) continuous infusion (CVI) and Low-Dose Consecutive (Cisplatin) CDDP) in Advanced Biliary tract Carcinoma

Authors:

Kazuma Kobayashi (bakehasky@eagle.ocn.ne.jp)
Akihito Tsuji (a-tsuji@ma.neweb.ne.jp)
Sojiro Morita (sojiro@mxp.mesh.ne.jp)
Tadashi Horimi (horimi@kcan.ne.jp)
Tetsuhiko Shirasaka (t-shirasaka@taiho.co.jp)
Takashi Kanematsu (kanematu@net.nagasaki-u.ac.jp)

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Reviewer's report:
A Phase II Study of LFP Therapy (5-FU (5-fluorourasil) continuous infusion (CVI) and Low-Dose Consecutive (Cisplatin) CDDP) in Advanced Biliary tract Carcinoma
10 1 February 2006 Version: Date:
Nicolas Tsavaris Reviewer:

Reviewer's report:
General
Introduction:
Biliary tract cancers are unknowns in North America. Better expression is rare. "As a result, an effective chemotherapy..........respectively (3,4,10)". This sentence needs to be re-written, because many efforts had been done. On the other hand the poor results of all these trials and some times the mature confuted results I think that spotlight the results of this trial with two old cytostatics which is administered in this trial with a modern way.

We add and rewrite according to your advice, such as:
→Biliary tract cancers are rare in North America, with approximately 8,000 new cases diagnosed in 2003 (1).

→However, systemic single-agent chemotherapy has so far shown a poor efficacy (6, 8, 9), though many efforts has been done.

→We spotlighted the combination of the two old anti-cancer agents, 5-FU, and CDDP.
Patients and Method
There is no description of patients characteristics. In Table 1 there are no data about the extension of the disease and the kind of metastases. These data are partial included in results but this makes a confusion to the reader.

We add to metastasite to Table 1.

Page 13.
“Our main objective…..response rate”. I think that this sentence must be omitted, as well as this must be putted in the Introduction, especially I think that this modality is not so friendly for the patient.

We omitted this part according to your advice.

Response
Response evaluation needs more details and not a reference (20). This is necessary because all oncologists know how difficult is to evaluate the response rate in tumors of this area (pancreatic and cholangiocarcinomas).

We add and rewrite according to your advice, such as:
(pp13-14)
→The response was classified based on the Response Evaluation Criteria in Solid Tumors Guidelines (RECIST criteria) (20), taking into account the measurement of the longest diameter only for all target lesions: complete response (CR)—the disappearance of all target lesions; partial response (PR)—at least a 30% decrease in the sum of the longest diameter of target lesions, taking as reference the baseline sum longest diameter; progressive disease (PD)—at least a 20% increase in the sum of the longest diameter of target lesions, taking as reference the smallest sum longest diameter since the treatment started or the appearance of one or more new lesions; no change (NC)—neither sufficient shrinkage to qualify for partial response nor sufficient increase to qualify for progressive disease, taking as reference the smallest sum longest diameter since the treatment started. Patients with a CR, a PR, an NC, or a PD required a confirmatory disease assessment at least one month later.

Table 1.
Results
Confirmation of response needs a duration at least two months in all evaluations about. (p.17)

→Patients with a PR, an NC or a PD required a confirmatory disease assessment at least two months later.

Page 5
The Cox…..track malignancy. It is abstruse for understanding, I think must be omitted.

We omitted this part according to your advice.

Page 12
These doses…gastric cancer. Needs references and not this expression.

→These doses were determined based on our experience of the previous LFP therapy for hepatocellular carcinoma (15).

Toxicity
Toxicity – Ascites, is a misunderstanding point.

We excluded ascites because this was due to original disease progression.

Response
Results in response is another complicated point.

We add to the response of metastatic site such as:

→The responses of metastatic lesions were as such; liver (CR:0, PR:6, NC:0, PD:3), LUNG (CR:0, PR:1 NC:3, PD:0), LN (CR:0, PR:3, NC: 6, PD2), miscellaneous (CR:0, PR: 2, NC: 2, PD: 1).

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

Discretionary Revisions (which the author can choose to ignore)

Reject because too small an advance to publish What next?:

All the revised parts were underlined in this manuscript. If Tables are difficult to
see. Please see the additional file “Tables 1-6 for BMC”.

At last, we appreciate Dr. Nicolas Tsavaris and BMC-cancer for giving a chance to rewrite our manuscripts.

Yours sincerely

Kazuma Kobayashi